

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155458		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2011	
NAME OF PROVIDER OR SUPPLIER  HIGHLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN46322			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/20/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/15/11</p> <p>Facility Number: 000367 Provider Number: 155458 AIM Number: 100289280</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Highland Nursing and Rehabilitation Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=C	<p>This one story facility was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 38 and had a census of 32 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/18/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</p>						
	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under</p>			K0144	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The</p>		09/02/2011

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	<p>operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors.</p>				<p>plan of correction is prepared and/or executed solely because required for compliance with both Federal and State compliance regulations. (a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice. Through inspection no residents were identified as affected by the practice. Highland Nursing &amp; Rehab has contacted a vendor who will within 30 days (from date of compliance) perform load bank testing on facility generator. Vendor load bank testing documentation will be filed within facility Life Safety Code compliance binder. Additionally, facility has contacted manufacturer (Generac) and obtained manufacturer recommended guidelines for performance of generator load bank testing; facility will follow these recommendations for all future generator load bank testing. (b) How will you identify other residents having the potential to be affected by the same practice and what corrective action(s) will be taken: Any resident residing in the facility has the potential to be affected but no resident was identified. (c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: Facility will utilize the services of an external vendor to</p>		

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	<p>Findings include:</p> <p>Based on review of the Weekly Generator System Service &amp; Testing records since 06/20/11 provided by the maintenance director on 08/15/11 at 12:20 p.m., the records noted "Y" for the load testing done and no other information such as the percent load carried by the generator during the test or the minimum exhaust gas temperature for the test period. The maintenance director said at the time of record review, and the administrator confirmed, the facility had not decided which method they would use as evidence the minimum monthly testing requirements were met. He said the percent load would vary based on which calculations he used, he did not know what the manufacturer's minimum exhaust gas temperature recommendation was, and he had no means to measure the temperature at this time.</p> <p>3.1-19(b)</p>				<p>conduct load bank testing on the generator and maintenance director has been educated that, per manufacturer guidelines, facility load testing will be conducted and documented monthly. HFA, or designee, and will audit monthly generator documentation; Regional Director of Plant Operations will review documentation during his quarterly visits. (d) How the corrective action(s) will be monitored to ensure the practice will not recur (i.e. what quality assurance program(s) will be put into place): Generator documentation will be reviewed monthly by HFA, or designee, and/or the Regional Director of Plant Operations for the next three months and, thereafter, quarterly by the Regional Director of Plant Operations. All reports will be submitted to Regional office for review and any identified issues will be reported at next facility Risk Management / Quality Assurance to determine compliance by HFA (or designee). Date of compliance: September 2 nd 2011.</p>		